



Public Health Improvement Plan Participation Interest Form

Name: _____ Phone Number: _____

Agency: _____ Mailing address: _____

Position: _____ Email Address: _____

Committee, Sub-Committee or Joint Committee of Interest: Please select one or more.

PHIP Committees	Sub-Committees, Joint workgroups
____ Key Health Indicators (KHI)	____ Health Indicators and Standards (joint with KHI and PM)
____ Workforce Development (WFD)	____ Access Indicators (joint with KHI)
____ Performance Management (PM) (Standards)	<i>Joint groups will be more time-limited and will send their work to full committees.</i> <i>Already Underway: Technology tools and Standards Revision</i>
____ Information Technology (PHIT)	
____ Communications	
____ Access to Health Services	____ Financing – Funding allocations

PHIP Committee Member expectations:

Read materials and attend meetings. Depending on the committee and the objectives, meetings may be most of a work day, in-person. These are usually every two months. Some committees will meet by phone, and for a couple of hours at a time. Limited travel assistance is available. We will assume anyone who indicates their interest has the support of their department and supervisor.

Questions?

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Thanks! We'll be in touch